

PART B - FEE(S) TRANSMITTAL

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28112 7590 07/31/2006

GEORGE O. SAILE & ASSOCIATES
 28 DAVIS AVENUE
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<u>Stephen B. Ackerman</u>	(Depositor's name)
<u>[Signature]</u>	(Signature)
<u>September 28, 2006</u>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/496,607	02/02/2000	Sarit Neter	YMEDIA.001A	6486

TITLE OF INVENTION: METHOD AND APPARATUS FOR COLOR INTERPOLATION

10/03/2006 EHAILE2 00000040 190033 09496607

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$0	\$700	10/31/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
MOE, AUNG SOE	2618	348-272000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Saile Ackerman LLC
2. Stephen B. Ackerman
3. Larry J. Prescott

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

DIALOG IMAGING SYSTEMS GmbH

Kirchheim/Teck-Nabern
Germany

Please check the appropriate assignee category or: categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0033 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

[Signature]

Date

9/28/06

Typed or printed name

Stephen B. Ackerman

Registration No.

37,761

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